

Minnesota Board of Nursing

For Your Information



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President's Message: Deb Haagenson, RN



In March of 2015 the Office of the Legislative Auditor (OLA) released a report evaluating the Minnesota Board of Nursing complaint resolution process. The impetus for the OLA evaluation began with a series of newspaper articles in late 2013 reporting that certain Minnesota nurses continued to practice after being reported to the Board of Nursing for practice concerns. These concerns led to a legislative hearing and the call from the 2014 Legislative Audit Commission directing the OLA to conduct an evaluation of the Board of Nursing's complaint resolution process and the Board's relationship with the Health Professionals Services Program (HPSP).

The OLA evaluation occurred over many months and involved the review of several years of complaint data, direct observation of the complaint resolution process, interviews with select stakeholders and examination of complaint files at the Board of Nursing and case files at the HPSP. In addition to reviewing current Minnesota processes and files, the OLA reviewed literature and regulations from a number of external sources to consider best practices for complaint management and resolution.

The OLA report included a number of positive findings. Of note, the report found

the Board treats nurses respectfully, evaluates cases on an individual basis protecting nurses' due process rights, and Board actions are generally reasonable providing the public with a high degree of protection. The report also noted opportunities for improvement of the Board's complaint resolution process. Of significance, the OLA found that the Board took too long to resolve some complaints.

The OLA report provided a comprehensive evaluation of the Board's complaint resolution process. After many months of evaluation, the Board is glad to have the OLA report. The Board appreciates the professional and thorough work of the OLA staff who conducted the evaluation and prepared the report. The report findings are a valuable opportunity for quality improvement. The Board will conduct a thorough and thoughtful review of the findings to determine solutions that support meaningful change. That review began at the April Board meeting.

The mission of the Board of Nursing is to protect the public's health and safety through the regulation of nursing education, licensure and practice. Members and staff of the Board of Nursing are fully committed to that mission. And because we are committed to the mission of the Board, we support and welcome the opportunity to evaluate and consider ways to improve and strengthen the work of the Board.

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Reporting Obligations – Diversion of Controlled Substances

The Minnesota Nurse Practice Act identifies several circumstances in which licensed health professionals and leaders of health care organizations must report conduct of a nurse to the Board of Nursing. Additionally, legislation was passed in 2014 that requires employers to report drug diversion by a licensed health professional to the applicable health licensing board.

The provision is in the portion of statute that applies to all health-related licensing boards, Minnesota Chapter 214. The law states employers must report a licensee's diversion of narcotics or controlled substances to the board, if the employer has knowledge of the diversion and the diversion has occurred at their facility. An employer is not required to report if:

- the licensee is self-employed;
- the knowledge of the diversion was obtained in a professional-patient relationship and the licensee is the patient; or knowledge of the diversion becomes known to the employer via a work-site monitor through the Health Professional ("HPSP") or when the licensee has returned to work pursuant to a participation agreement and monitoring plan with the HPSP. (214.33, subd. 5).

This legislation seeks to balance the need of health-related licensing boards to be aware of diversion and to take disciplinary action when necessary to protect the public, while still allowing the licensee to be reported to the HPSP and seek the assistance of the monitoring program.

Other reporting obligations are specified in Minnesota Statute 148.263. Additional information about reporting obligations and the Board's complaint review process and complaint forms may be found on the Board's website at

<http://mn.gov/health-licensing-boards/nursing/public/complaints> or by contacting Practice/Discipline staff of the Board.

Nursing Education Annual Report

As of December 31, 2014, there were 69 Board approved nursing programs in Minnesota. These include programs preparing an individual for initial licensure as a practical nurse (23 programs), or as a professional nurse (46 programs). Of the professional nursing programs, 24 award an Associate Degree, 19 award a Baccalaureate degree, and 3 award a Master's Degree to graduates. In 2014, these programs graduated 1,761 practical nursing students, while 1,899 students graduated from Associate Degree programs. At the Baccalaureate or Master's entry level, 1,173 students graduated. While the Board does not have jurisdiction over RN-to-BSN programs, communication with these programs demonstrates that a large number of nurses are graduated from these programs. In Minnesota, the percentage of RNs returning to complete the Baccalaureate degree as compared to the percentage of graduates from Associate Degree nursing programs more than doubled from 22.2% in 2008 (n = 428) to a high of 45.4% (n = 900) in 2014.

Since 2011, the Board has collected data regarding the educational preparation of faculty teaching in Minnesota

pre-licensure nursing programs. Between 2011 and 2014, there has been an increase of 18.2 % in the number of faculty holding a PhD in Nursing (N = 91), a 50% increase in the number of faculty with a Doctorate in Nursing (N= 72), and an increase of 21.5% in the number of faculty holding a Master's degree in Nursing (N= 779). This growth in faculty is an important element in assuring availability of nursing education opportunities in Minnesota.

The 2014 Nursing Education Annual Report can be found at: <http://mn.gov/health-licensing-boards/nursing/resources/reports/>

National Council of State Boards of Nursing News

The National Council of State Boards of Nursing (NCSBN), NCLEX-RN Examination reached the milestone of testing more than 1,000 Canadian students and graduates, and international applicants for licensure/registration in Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories and Nunavut, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan. Testing for Canadian licensure/registration began Jan. 5, 2015.

Canadian RN regulators initially selected the NCLEX-RN Exam in 2012 after identifying the need for an exam that employs the latest advances in testing technology to enhance test security, increases accessibility to the exam by offering year-round testing, provides timely results and allows for precise assessment of an individual candidate's performance. The NCLEX-RN Examination was previously offered in 10 countries around the world for the purpose of domestic licensure in the U.S., the launch of testing in Canada marks the first time that the test will be used for the purpose of licensure in another country.

Candidates seeking licensure/registration in Canada are able to take the NCLEX at any Pearson VUE test center within Canada, throughout the mainland U.S. and at select test centers internationally. In the last three years, NCSBN has worked with 10 Canadian registered nurse (RN) regulatory bodies to prepare for the Canadian transition to the NCLEX. For more information, visit the website <https://www.ncsbn.org/7203.htm>



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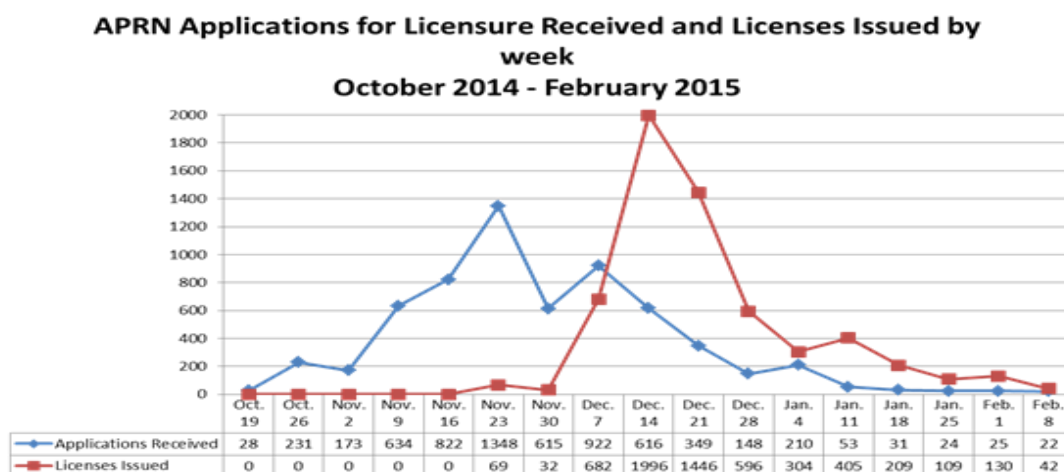
Leading in Nursing Regulation

Advanced Practice Registered Nurse Licensing and Renewal Updates

As of April 30, 2015, 6,336 APRNs have been licensed. The number of licensees by role are:

CNP	3864
CNS	459
CRNA	1749
CNM	264

The graph below shows the number of APRN applications received and licenses issued for the initial licensure period.



The population focus for the majority of CNPs is family and adult-gerontology, and for CNSs adult-gerontology and mental health. The majority of all APRNs work in metropolitan areas, with the seven country metro area the most common area for employed APRNs. The least populated area for practicing APRNs is northwestern Minnesota.

To practice advanced practice registered nursing in Minnesota an individual must be licensed and currently registered as an RN and as an APRN. To maintain a current APRN license in Minnesota, an individual must hold:

- A current Minnesota RN license; and
- Current certification as an advanced practice registered nurse in the role and population for which the APRN is licensed.

The registration expiration date of an RN and APRN license is the same date and is determined by the month and year of birth. RN and APRN registrations expire on the last day of the birth month and in an odd or even year depending on the birth year. For example, for an APRN born in July 1975, the RN and APRN registrations expire the last day of July 2015.

At this time, the Board of Nursing is unable to make available an online registration renewal process and APRN registration renewal rules have not yet been promulgated. Therefore, while the Board develops an online process and APRN

APRN continued

registration rules, the Board will not collect APRN registration renewal fees until January 2017. However, an APRN must still submit a RN renewal application and payment of the RN registration renewal fee to maintain the RN and APRN registration.

Failure to renew RN registration, will result in an expired RN and APRN registration and the individual will not be authorized to practice as an RN or an APRN. At this time, to reregister an RN or APRN, the individual must contact the board. Reregistration requirements are different from renewal requirements and are subject to change.

RN registration renewal may be done online at the Board's website or with a paper RN renewal application (a written request is required to receive the paper application in the mail).

The Board no longer accepts copies of certification renewals. The Board must receive verification of certification status directly from the certifying body. It is the licensee's responsibility to ensure the Board has verification of current certification status. The certification expiration date may be different than the license expiration date. Evidence of renewed certification must be provided to the Board on or before the certification expiration date.

All licensees have the responsibility to maintain a current mailing address with the Board for the purpose of receiving Board communication or notices, including renewal of registration.

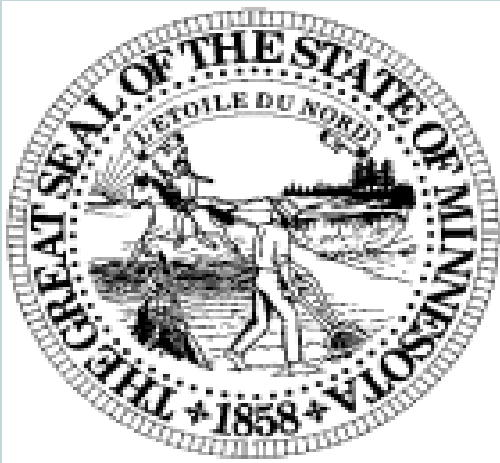
APRN Advisory Council

As required by law, the Minnesota Board of Nursing appointed four APRNs, two physicians, and one public member to the APRN Advisory Council. Members are:

- | | |
|--------------------------------------|----------------------------------|
| * Steve Calvin MD | * Melissa Saftner PhD, APRN, CNM |
| * Penny Louise Flavin DNP, APRN, CNP | * Mary Fran Tracy PhD, APRN, CNS |
| * Lindsey Hubbard | * Kathy White DNP, APRN, CRNA |
| * Julie Johnson MD | |

The first meeting was held on February 24, 2015. The next meeting is scheduled for April 30, 2015 at the Minnesota Board of Nursing. All meetings are open to the public. The Board website has more information on the APRN Advisory Council duties, meeting dates and times.

http://mn.gov/health-licensing-boards/nursing/advanced_practice/advanced_practice_general_information/aprn_advisory_council.jsp



Minnesota Board of Nursing

Link to Board member profiles:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

How to become a Board member:

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/current-board-members.jsp>

Minnesota Board of Nursing Members

Board Member Name	Board Role
Cindy DeJarlais	LPN Member
Jeanine Gangeness	RN Member
Deborah Haagenson	RN Member, Board President
Michelle Harker	Public Member
June McLachlan	RN Member
Deborah Meyer	LPN member, Board Secretary
Christine Norton	Public Member
Monica Parks	RN Member
Jan Rainey	Public Member
Christine Renne	Public Member
VACANT	LPN Member
Sheila Robley	LPN Member
Diane Scott	RN Member
Sue Sendelbach	RN Member, Board Vice President
Steven Strand	RN Member
Natya Stroud	RN Member

Upcoming Board of Nursing Vacancies

Five Minnesota Board of Nursing positions will become vacant as of January 2016. The positions are:

- Licensed Practical Nurse (1)
- Public (2)
- Registered Nurse (2).

The Governor appoints all Board members from applications submitted to the Secretary of State's Office. Membership requirements and guidelines are found in [Minnesota Statutes Section 148.181](#). In addition to reviewing the application and letters of support which are received, the Governor's staff may conduct a telephone or in-person interview. Applications are obtained from the Secretary of State's Office and must be returned to that office.

Information on becoming a Board member, responsibility, accountability, positions, and current Board members may be found on the Minnesota Board of Nursing website.

<http://mn.gov/health-licensing-boards/nursing/about-us/about-the-board/become-member.jsp>